

## **BYETTA PA SUMMARY**

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for members with type 2 diabetes currently on metformin and/or sulfonylurea.

AND:

- ❖ Member has an HbA1c level that is less than 6 months old AND the value is greater than or equal to 7.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).